US Environmental Protection Agency Region 8 – Office of Partnerships & Regulatory Assistance
Water Program – Municipal Systems Unit (Mail Code: 8P-W-MS)
999 18th Street, Suite 300, Denver, CO 80202-2466

DBP Form 2 - Haloacetic Acid (HAA5) Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)		Section II (to be completed by Laboratories only)	
Public Water System Information		**Laboratory Information**	
PWSID #			
System Name:		Laboratory Name	
Address:		Contact Person:	Phone #:
Contact Person:	Phone #:	Comments:	
System Authorized Signature	Title Date	Laboratory Authorized Signature	Title Date

PWS to complete first 3 columns			Laboratory to complete columns 4-6 and 8-11							
Sample Date	**Collector**	**Sample Location Designation #**	**Date Lab Received**	**Date Lab Analyzed**	**Laboratory ID #**	**Analyte**	**Analytical Method**	**µg/L Blank Result**	**µg/L Lab MDL**	**µg/L Result**
						Monochlo.Acid				
						Monobro. Acid				
						Dichlor. Acid				
						Trichlor. Acid				
						Dibromo. Acid				
						Total HAA5s				
Sample Date	**Collector**	**Sample Location Designation #**	**Date Lab Received**	**Date Lab Analyzed**	**Laboratory ID #**	**Analyte**	**Analytical Method**	**µg/L Blank Result**	**µg/L Lab MDL**	**µg/L Result**
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						Monobro. Acid				
						Dichlor. Acid				
						Trichlor. Acid				
						Dibromo. Acid				
						Total HAA5s				

Instructions on Reverse

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INSTRUCTIONS FOR COMPLETING
HAA5 Analysis Laboratory Report Form

Section I - Completed by the Public Water System Submitting the Samples to the Laboratory

1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by USEPA.
2. System Name: Enter system legal name provided to USEPA when PWSID assigned.
3. Address: The PWS mailing address.
4. Contact Person: The person at the public water system who would be able to answer questions about these samples.
5. Phone: The phone number of the contact person.
6. Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan. Include title and date authorized.
7. PWS's: Complete first three (3) columns.

Section II - To be Completed by the Laboratory Reporting the Results

8. Laboratory Name: The name of the laboratory conducting the analyses.
9. Laboratory Contact: The name of the person at the laboratory that would be able to answer questions about these samples.
10. Laboratory Phone Number: The laboratory contact's phone number.
11. Laboratory Comments: Any relative comments with regards to the samples.
12. Authorized Signature: The person that signs the form must be the laboratory authorized representative. Include title and date signed.
13. Laboratory: Complete columns 4-6 and 8-11.

Abbreviations

NT:	Not Tested
B:	The analyte is found in the associated blank as well as in the sample.
µg/L:	Micrograms per Liter
MCL:	Maximum Contaminant Level
BDL:	Compound was analyzed, but the result was below the laboratory MDL
Lab MDL:	Laboratory Method Detection Limit
J:	Indicates the presence of a compound that meets the identification criteria, but the result is less than the practical quantitation limit (PQL) and greater than the Laboratory Method Detection Level (MDL). (Above the Lab MDL, but below the PQL.)